POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	*AD*	579	11/30/01
FORMALITY REVIEW	*h*	905	7/17/0
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓	Rejected	N .... Non-elected
=	Allowed	I .... Interference
– (Through numeral)	Canceled	A .... Appeal
÷	Restricted	O .... Objected

Claim		Date
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Claim		Date
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Claim		Date
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If more than 150 claims or 10 actions
staple additional sheet here

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